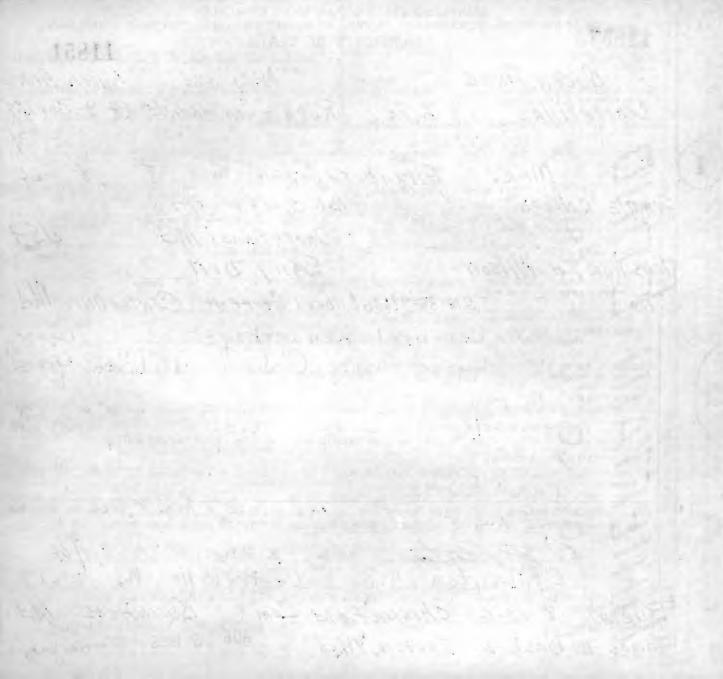
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. and uner PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNT Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CIDA OR TOWN (If dutside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by bon papers. Page within 72 hours a 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO C etely within pou 3. NAME OF First Middle Last DATE Month Day Year DECEASED OF any crent 75 (Type or print) DEATH 19 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED THEVER MARRIED WIDOWED **OIVORCED** e attending physician a ermit. Then please re on, or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12, certificate be during, most of working life, even if retired) INDUSTR COUNTRY?. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? A7. INFORMANT NIS 16. SOCIAL SECURITY NO. the attendit Address (Yes, no, or unkown) | (If yes give war or dates of service) in signed by the atter burial-transit permit burial, cremation, o CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ef weren dreinomia Stomach **DUE TO** Conditions, If any, which (b) been gave rise to immediate まっ **DUE TO** cause (a), stating the has by as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Health use PERFORMED? certificate YES ! NO F TO PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached fr DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After that age 3 should be det factory, street, office bldg., etc.) Hour a.m. While Not While at work ATTENDING p.m. 19 at work OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on... 22a, SIGNATURE DATE SIGNED 22b. MED page 20-DIRECTOR M.D. PHYS. PHYS director, pag should be file HOSPITAL 22c. PHYSIC PAN'S 22da ADDRESS NAME (Type) BURIAL, OREMATION, 23b. DATE THEREOR NAME OF CEMETERY OR CREMATORY LOCATION (City_town on founty) (State) REMOVAL (Specify) 2 ADDRESS FUNERAL/DIRECTOR SIGNATURE 25a. HEC'D BY REGISTRAR 25b. REGISTRAR'S VR AI5 (4) 20M 1/65

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1	TAI		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
FOR ST	ATE		11856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11950
HEALTH I	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution in COUNTY) A COUNTY A COUNTY A	: Residance before admission)
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> Por	0		d. STREET ADDRESS	IS RESIDENCE ON A FARM?
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cure liter	<u></u>		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).)	INTERVAL BETWEEN
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the, the R: P	negen	ME	Aug 19 (6 of work at work & Home Rural Centre	VILLE OR MA
d to	Pe		21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion
P. P	designat		death resulted from: Natural causes Accident Suicide Homicide, Undetermined manner CHIEF MEDICAL EXAMINER	
O PER C	desi		ACTUAL ASSISTANT MEDICAL FXAMINED	DATE SIGNED
EAL FAL	30,		DEPUTY MEDICAL EXAMINER	P-30-66
D & PE	٠ م		NAME (Type) C. K. & OLY 102 Address (Straet, city, town, or county) Centy	-cuille ma
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours NYER Ξ. papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS L within YES NO W completely in particular of the part within executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE DATE OF BIRTH and cor 1. MARRIED ACE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Months Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) physician an please report of and in 2 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? certificate FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITYNO. 17. Address been signed by the attenthe burial-transit permit. or to burial, cremation, or I death (Yes, no, or unkown) ((If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY the hospital or attending physician. Wer IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which Va gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has ME 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY r this certificate hadetached for use te Dept. of Health for use use PERFORMED? 21-10301 9 VdS15 -enera YES | NO.PT PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this cerage 3 should be detached filed with the State Dept. o MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work ATTENDING retained by at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 72/4 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED be page ATTENDING MED. STAFF M.D. DIRECTOR PHYS Page 4 may O HOSPITAL FUNERAL director, p should be 1 22 C. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREO 23d. LOCATION; (City, town or county) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) EM FUNERAL DIRECTOR 25a. REC'D.BY_RECISTRAR 25b. REGISTRAR'S SICNATURE 966 VR A15 (4) DATE 20M 1/65



A 1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND .,						
FOR STATE	11858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	852					
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Queen Anne 2. USUAL RESIDENCE (Where deceased lived, If institution: Resider a. STATE Manyland b. COUNTY D. COUNTY AND MARYLAND						
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any del 2, and PM3. the Si 1 72 ho	3. NAME OF First Middle Last 4. DATE Month DE DECEASED (Type or print) Luchia N. Huff DEATH August 27	19 66					
ath. If arges 1, 2 form P 2 with	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR Months Days Months Months Days Months Months Days Months Mo	Hours Min.					
after death. If any dela Give Pages 1, 2, and 3 og with form PM3. P ss 1 and 2 with the Sta iny event within 72 hou	during most of working life, even if retired) INDUSTRY So. Carolina COUNT	N OF WHAT BY? A					
10	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
and	Unknown Unknown						
within 24 pencil in It miner's Off permit. Fil	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, wo, or unknown) (If yes gire war or dates of service) 436-30-1782 Harold Reinsmith-Ohester, Marylo						
nted wir in per Examini Examini sit per or ren	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure	TERVAL BETWEEN NSET AND DEATH 10 days					
AL EXAMINER: This certificate should be executed within 24 hours the certificate, writing the word "bending" in pencil in Item-18 should be forwarded to the Chief Medical Examiner's Office altrifies. Tifles. TOR: Page 3 should be used as a burial-transit permit. File page designated agent, prior to burial, cremation, or removal, and in a	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c)	years					
ficate sho the wor the Chi used as to burial		9. WAS AUTOPSY PERFORMED? YES NO					
R: This certiff cate, writing forwarded to 3 should be agent, prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
ER: Thi icate, v e forwa 3 sho 1 agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work 19 at work 19	(State)					
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. TO FUNERAL DIRECTOR: Page of Health or its designated		ind in my opinion					
D DEPUTY MEDICAL please execute th director. Page 4 s retained for your O FUNERAL DIRECT of Health or its de	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 8/29	22. DATE SIGNED					
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TO DEPUTY please and director. retained TO FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Aug. 30 Woodlawn Memorial Appress 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Woodlawn Memorial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR' 25b. REGISTRAR'S SIII						
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1.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
R STATE	11859 Item 9 Film G380 AMINER'S CERTIFICATE OF DEATH	59
epartmentst age	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before of a STATE b. COUNTY	mission)
nen)	Queen Anne's MARYLAND New York	
	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest to write RURAL and give nearest town) C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest to New York	wn)
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	3. NAME OF First Middle Lost 4. DATE Month Day OF OF OF DECEASED (Type or print) LOUIS LEON PERRICHON DEATH 8 10	Year 19 66
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years I FUNDER I YEAR) IF	UNDER 24 HRS.
	Male White WIDOWED DIVORCED APRIL 1938 272 VIS Months Days	laurs Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W COUNTRY? 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W COUNTRY? 13. BIRTHPLACE (State or foreign country) 13. BIRTHPLACE (State or foreign country) 14. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. CITIZEN OF W COUNTRY? 15. BIRTHPLACE (State or foreign country) 15. BIRTHPLACE	
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	Conditions, if any, which gave (b) (b)	
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	2Do. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
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	Hour a.m. While Not While Factory, street, office bldg., etc.)	(State)
		s Md.
	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner X	,
	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL A	DATE SIGNED
	SIGNATURE M.D. ASSISTANT REDICAL EXAMINER SE	-10-66
	NAME (Type) RUDIGER BREITENECKER, M.D. Address (Street, city, tawn, ar county)	
	230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BLUE STALL 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BLUE STALL 25b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	24. FUNERAL DIRECTOR ADDRESS ADDRESS AV 250. RECUBERATION ADDRESS AV 250. RECUBERATION ADDRESS AV AV ADDRESS AV ADDRESS AV AV ADDRESS AV AV ADDRESS AV AV AV AV AV AV AV AV AV	udge.

MARYLAND STATE DEPARTMENT OF HEALTH

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral Department b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b TOWN (if outside corporete limits, write RURAL and give nearest town) c. CITY OR write RURAL and give nearest town) ENTREVILLE after the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State hours 00 210 1110 NO F 3. NAME OF First Middle Last DATE Month Day DECEASED (Type or print) DEATH 196 LZUDU DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR last birthdey) | Months | Dava IF UNDER 24 HRS 6. COLOR OR RACE B. 7. MARRIED NEVER MARRIED Days Hours WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ATTORNIEM - At - LIAW 13. FATHER'S NAME MOTHER'S MAIDEN JEO ROE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT SOIS ORING HAVEN ROAD 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes tilve war or dates of service) permit. removal. NWI CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 Coronary Occlusion Seconds burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO app. 10 Conditions, If any, which VIS Arteriosclerotic Heart Disease (b) gave rise to immediate DUE TO cause (a), stating the 50 used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING should lent, pri CAUSE OF DEATH. the certificate, wri 3 shou CAL 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. MEO Not While 4 should be at work et work Inquiry X. and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | 32. Undetermined manner death resulted from: Natural causes & Accident Suicide Homicide CHIEF MEDICAL EXAMINER your 22. DATE SIGNED Page ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for OF DEPUTY MEDICAL EXAMINER * 104 S **EXAMINER'S** director. retained Address (Street, city, town, or county) Centreville, Md. Rodney Layton, M.D. NAME (Type) NAME OF CEMETERY OF CREMATORY LOCATION (City, town (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 4. FUNERAL DIRECTOR **ADDRESS** 25a. 1966 VR AISME (5) 1/65

